# Authorization to Release Home Safety Report

Home Safety Solutions | Russ L'HommeDieu, DPT

| | |
|---|---|
| **Client name** | |
| **Date of birth** | |
| **Home address assessed** | |

## 1. Information to be released

The Home Safety Solutions report for the address above, including the photo report, prioritized hazard list, recommendations, and related findings from visits on or after this date: _____

## 2. Released by

Russ L'HommeDieu, DPT, Home Safety Solutions, a product line of Practical Innovations, Inc.

## 3. Released to

| Name | Relationship | Phone | Email |
|---|---|---|---|
| | | | |
| | | | |

## 4. Purpose

☐ To help the people named above understand the findings and plan home safety improvements

☐ Other: _____

## 5. Expiration

This authorization expires on _____, or one year from the date signed if no date is entered.

## 6. Your rights

- You may revoke this authorization at any time by writing to Home Safety Solutions at: _____. Revocation does not affect information already released.
- Your services will not be conditioned on whether you sign this authorization.
- Once released, recipients may share the information further, and it may no longer be protected by federal privacy law.
- You are entitled to a copy of this signed form.

## Signature

| | |
|---|---|
| **Signature of client** | |
| **Date** | |
| **Representative name (if any)** | |
| **Representative authority (surrogate, POA)** | |